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DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION

(37 CFR 1.63)

WITH POWER O	F ATTORNEY							
	☐ Declaration	Filing Date						
Submitted OR	Submitted after Initial	tial Group Art Uni	t					
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nam	ne					
•								
As a below named inventor, I h	nereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
CELLULAR WHEEL	CELLULAR WHEEL SLUICE							
	C	Title of the Invention)						
the specification of which		•						
is attached hereto								
was filed on (MM/DD/YYYY) 01/11/2005 as United States Application Number or PCT International								
Application Number PCT/EP2005/000181 and was amended on (MM/DD/YYY) (if applicable).								
I hereby state that I have reviewe	ed and understand the c	ontents of the above ide		n, including the claims, as				
amended by any amendment spe	ecifically referred to abo	ve.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
10 2004 001 965.7	Fed. Rep. of Germany	01/13/2004	0000	0000				
☐ Additional foreign application	numbers are listed on a	supplemental priority d	ata sheet PTO/SB	/02B attached hereto:				
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)		e (MM/DD/YYYY)						
			Additional provisional application numbers are listed on a					
			supplemental priority data sheet					
			PTO/SB/	02B attached hereto.				
:								
USPS EXPRESS	MAIL		ÁTTOPA	EV DOCKET NO. 4959				

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COMPLETE IF KNOWN

Harald FABER

Attorney Docket Number

First Named Inventor

Application Number

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the cuty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)		Parent Pate		
Additional U.S. or PCT internat	ional applicati	on numbers are li	isted on a	supplemental	priority dal	la sheet PTO/SB/02B att	ached herelo.	
s a named inventor, I hereby appoind Trademark Office connected the	nt the following	ig registered pract			this applica		siness in the Patent	
Direct all correspondence to	Cust	omer Number	021				ber Bar Code abel here	02155
•	or Ba	ar Code Label						
Lhereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
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(first and middle [if any])					Of Julia	ame		
Inventor's Signature Mara	4 6	tal					Date 03.07.2	2006
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NAME OF SECOND INVENTOR:						inventor		
Given Name Klaus Family Name KOHLMUEL (first and middle [if any]) Family Name or Surname			ELLER					
/	$\overline{}$							
Inventor's Signature	rull la	will.					Date 03.07.	2006
Residence: City D-277	26 Worp	swede		State	. 	Germany Country	German Citizenship	
Mailing Address c/o S	chenck	Process	s Gmb	Н				
Mailing Address	andweh	rstr. 55	5					
City Darmstadt		State		. *	ZIP D	-64293	Country German	ıy
Additional inventors are b	eina namer	ion the 1 s	unnleme	ntal Additio	nal Inven	tor(s) sheet(s) PTO/	SB/02A attached herel	ю.

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1

Name of Additional Joint Inventor, if an	y:	A petition has been fil	ed for this unsig	gned inventor			
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c/o Schenck Proce	ss GmbH		<u>,,,</u>				
Landwehrstr. 55 Mailing Address							
City Darmstadt	State	ZIP D-64293	Country Germany				
Name of Additional Joint Inventor, if any	y:	A petition has been file	n has been filed for this unsigned inventor				
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Inventor's Signature Date							
Residence: City	State	Country	Citizer	Citizenship			
Mailing Address							
Mailing Address							
City	State	ZIP Country					
	Name of Additional Joint Inventor, if any:						
Given Family Name Name or Surname							
Inventor's Signature			Date	e			
Residence: City	State	Country	Čitize	enship			
Mailing Address							
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City IICDC EVDDECC MALL	State	ZIP	Country				
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